

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3333 OF 8575

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SILVER, JOSEPHINE, L., MRS.,**

Mailing Address 148 COUNTY ROAD 1119

City

MOUNTAIN HOME

State

AR

Zip Code

72653-7148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2019

Transaction ID : SA11A.79767459

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMMINGER, STEVEN, E., DR.,**

Mailing Address 10 COURTNEY LANE

City

MEDIA

State

PA

Zip Code

19063-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D.C.P.S., INC.

Occupation (for Individual)

PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2019

Transaction ID : SA11A.79788980

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SIMMONS, PAMELA, , ,**

Mailing Address 434 STONER ROAD

City

CLINTON

State

OH

Zip Code

44216-9634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2019

Transaction ID : SA11A.79809974

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►